



## NARRATIVE OF SERVICES

**Description of Services.** On the attached pages please document the service to be offered by your organization. Include in your narrative information to answer at least the following questions.

- What is the service to be provided? How does it differ from what is currently available? Typical length of service?
- What is the demand/market for the service? Need coordinated with local VR district office? Participants expected?
- How will this service include community based training, work experience, or internship?
- Will the services be completed "in house" and by whom? If not, please explain contractual arrangements.
- How will quality and quantity of services be monitored? What are the potential risks?
- Describe placement activities that will occur with this service.
- Will funds from other funding sources be used to help support this service?



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
DIVISION OF VOCATIONAL REHABILITATION  
**CRP/SESP COST ANALYSIS**

CRP/SESP Name \_\_\_\_\_

Name of Service \_\_\_\_\_

Date Submitted \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**NARRATIVE OF SERVICES**

Provide a narrative to support this request.



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Date Submitted \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**SUMMARY OF SERVICES**

If service is approved, provide a concise description of how it should be described in MoRIS.  
(This is what will appear on your Fee Schedule).